PM USA CONFIDENTIAL

TO BE COMPLETED BY CUSTOMER

Activity Code _____
Track # _____
Int'l Charge # _____
Pol# _____

TO BE COMPLETED BY PTL PERSONNEL
Request ID #
Date Rec'd/Submitted
Logged By

Research and Development
Product Testing Laboratory Request Form

Originator: _____ Brand Name: _____
Phone No./Fax No. _____ Brand Code: _____
Production Date:: _____ Location: _____
Request Due Date: _____

State purpose of test and provide any pertinent sample information, such as product name paper differences type of materials used results expected (specifications that product is made to) etc. If sample is a **GCC/AUS** Product test parameters **do not** need to be checked. Only indicate smoke method listed below:

_____
_____
_____

Sample Description: Please include product name, control, test, etc. **For more than 10 samples, use an additional form.**

Sample No.		Exp. Tar	Tip Length	Cigt. Length	Butt Length

Test Requested: Check (✓) test if test applies to **all** samples. If test applies only to a specific sample indicate by writing the appropriate sample number(s) from the list shown above.

				GCC/AUS ONLY
____ FTC Tar & Nicotine	____ Total RTD	____ Pack Firmness		____ ISO Tar / Nic
____ NISO Tar & Nicotine	____ RTD Filter	____ Equilibrated Firmness		____ AUS Tar / Nic
____ TIOJ Tar & Nicotine	____ Permeability	____ Cigarette Length		____ *Formula Code*
____ Menthol-in-Smoke*	____ Circumference	____ Filter Length		____ 086
____ Oven Volatiles (Equil)	____ Weight (Tob)	____ Pack Loose Ends		____ 087
____ Oven Volatiles (Pack)	____ Alk-Filler	____ Pol CI		____ 283
____ Ventilation	____ Sug-Filler	____ **Other** (Indicate Sample #)		____ 284
*If menthol is foil ___ or filler ___, indicate date packaged.		_____		____ 083
Additional Comments:		_____		____ 069
_____		_____		____ Order Number
_____		_____		____ Quantity Produced
_____		_____		____ Finished Date

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Doc. Code: AO150
sampform.doc
Rev. 06/06/95

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Source: https://www.industrydocuments.ucsf.edu/docs/rlym0004